

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	STRUCTURES OF SUBSTRATE BINDING POCKETS OF SCF COMPLEXES
Attorney Docket Number::	14096.34USU1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	Yes
Petition Type::	PETITION TO ACCEPT COLOR DRAWINGS
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: ORLICKY  
Middle Name::  
Family Name:: STEPHEN  
Name Suffix::  
City of Residence:: TORONTO  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of mailing address:: 1211-140 CARLTON STREET  
City of mailing address:: TORONTO  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M5A 3W7

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: FRANK  
Middle Name::  
Family Name:: SICHERI  
Name Suffix::  
City of Residence:: TORONTO  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of mailing address:: APT. 506, 77 GERRARD ST. WEST

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City of mailing address:: TORONTO  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M5G 2A1

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: MIKE  
Middle Name::  
Family Name:: TYERS  
Name Suffix::  
City of Residence:: EAST YORK  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of mailing address:: 419 HEATH STREET EAST  
City of mailing address:: EAST YORK  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M4G 1B4

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CANADA  
Status:: Full Capacity  
Given Name:: ANDREW  
Middle Name::  
Family Name:: WILLEMS

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Name Suffix::  
City of Residence:: TORONTO  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of mailing address:: 625 CHRISTIE STR.  
City of mailing address:: TORONTO  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M6G 3E6

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CHINA  
Status:: Full Capacity  
Given Name:: XIAOJING  
Middle Name::  
Family Name:: TANG  
Name Suffix::  
City of Residence:: NORTH YORK  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street of mailing address:: 109 SHAWNEE CIRCLE  
City of mailing address:: NORTH YORK  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M2H 2X9

### Correspondence Information

Correspondence Customer Number:: 23552

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## Representative Information

Representative Customer Number::	23552
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## Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/419606	10/17/02

## Assignee Information

Assignee Name:: MOUNT SINAI HOSPITAL  
Street of mailing address:: 600 UNIVERSITY AVENUE  
City of mailing address:: TORONTO  
State or Province of mailing address:: ONTARIO  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: M5G 1X5

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